AL.2.1989-106

Contagious Diseases in Day Care

A handbook for parents

Alberta
COMMUNITY AND
OCCUPATIONAL HEALTH

Alberta
SOCIAL SERVICES

DDN 8647801

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CONTAGIOUS DISEASES IN DAY CARE

"A HANDBOOK FOR PARENTS"

This handbook contains:

Section I

What You Can Do to Stop Disease in
Your Child's Day Care Centre

Section II

What Day Care Directors, Caregivers
and Parents
Should Know About Contagious Diseases
in Day Care

Developed by
U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, Georgia
December 1984

Adapted for Use in Alberta by
Communicable Disease Control & Epidemiology
Alberta Community and Occupational Health
Fall 1986

Reprinted by
Child Care Programs
Alberta Social Services
and
Communicable Disease Control and Epidemiology
Alberta Community and Occupational Health
Spring 1988

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https://archive.org/details/contagiousdiseas00albe_2

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INTRODUCTION

Why this handbook was developed.

Day care centre directors from across North America have been asking their State and Provincial Health Departments, local Health Units and the Centers for Disease Control (CDC) how to prevent outbreaks of disease in their centres and how to keep the centre environment as healthy as possible for children and staff.

Parents, too, have asked for clear guidance about how to work WITH their day care centre to keep their children healthy and to keep disease risk as low as possible.

Concerns about childhood contagious diseases in day care centres led to the development of this handbook. Physicians at CDC have provided the medical information and advice; parents and day care centre directors from a variety of centres throughout the United States have helped to make sure that what is recommended is clear and realistic. All who worked on this handbook have a common interest: to make day care centres as healthy as possible.

What this handbook includes.

This handbook includes two sections:

SECTION I - WHAT YOU CAN DO TO STOP DISEASE IN YOUR CHILD'S DAY CARE CENTRE includes information about steps you can take ahead of time to prevent illness and make life easier if and when illness occurs. This section also tells you what steps you should take once a disease occurs to minimize risk and to control the illness.

SECTION II - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE tells about diseases that can spread from one person to another. Knowing about these diseases and how they spread will help you take measures to stop them in you child's day care centre.

SECTION I

WHAT YOU CAN DO TO STOP DISEASE IN YOUR CHILD'S DAY CARE CENTRE

1. HOW DISEASES SPREAD

Knowing HOW diseases can spread in a day care centre will help you see WHY you need to follow carefully each suggested step.

1.1 Many common childhood diseases are contagious.

That is, they spread from one person to another. Everyone knows that some illnesses (like chicken pox) can spread. But many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

1.2 Contagious diseases are spread by germs

Germs are so small that you cannot see them without a microscope. Yet just a few germs on a hand or a toy may be enough to spread a disease.

1.3 Germs spread through body secretions

Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes, and runny noses.

Other diseases spread through direct contact.

1.4 People can spread germs without being sick themselves

A person with a disease is often contagious before he develops symptoms. Sometimes people, especially young children, spread disease germs to their families and caregivers without ever getting sick themselves.

This means that steps to prevent the spread of contagious diseases must be followed ALWAYS - not just when a person is obviously sick.

It is inevitable: children will get sick. They will get sick whether or not they are in day care. But in a day care centre diseases can spread easily because large numbers of children from different families spend hours together in one place every day. The special problems of day care staff involve keeping ONE child's illness from spreading through the centre to the other children, their families, and staff.

2. TO PREVENT DISEASE AND PLAN AHEAD.

2.1 EXCHANGE important INFORMATION with your day care centre director when you register your child for day care.

PROVIDE important **PHONE NUMBERS.**

Detach, complete, and return the form on the last page of this section to the Director of your child's day care centre. This form asks for the following numbers:

- where child's parents can be reached during the day
- your family physician and hospital of choice
- person to contact in an emergency in case you can't be reached. (this could be the person you have selected as alternate caregiver - a relative, neighbor, friend, or other dependable adult.)

PROVIDE the Centre Director with any **SPECIAL INFORMATION** he or she should have about your child's medical history.

For example:

- Has your child had any serious illnesses?
- Is your child taking any medication?
- Does your child have allergies that you know of?

2.2 IMMUNIZATIONS your child should have.

PROVIDE the Centre Director with a copy of your child's **IMMUNIZATION RECORD.** (You can obtain this from your health unit.)

The Director will keep this record in your child's permanent folder.

If your child has had measles or mumps, give your Centre Director a note from your physician indicating the date of this illness.

BE SURE your CHILD receives all IMMUNIZATIONS on schedule.

Several diseases that used to be terrible problems for children and adults can now be prevented by immunization. This group includes measles, mumps, rubella (German measles or 3-day measles), polio, diphtheria, tetanus and whooping cough (pertussis).

Some people think these diseases no longer exist or are no longer problems. THIS IS NOT TRUE. Cases still occur. The reason these diseases are no longer widespread problems is that people are being IMMUNIZED. If people stopped getting these protective shots for themselves and their children, these diseases would once again become common problems.

Because young children in child care groups are especially likely targets for disease, ALL children in day care centres need to have ALL recommended immunizations to protect themselves, their families, the other children, and the centre staff.

- Refer to Table 1 on the next page to see which immunizations your child needs.
- Arrange to take your child to the health unit to receive these immunizations on schedule.
- Inform your Day Care Director when your child has received an immunization so his record can be updated.

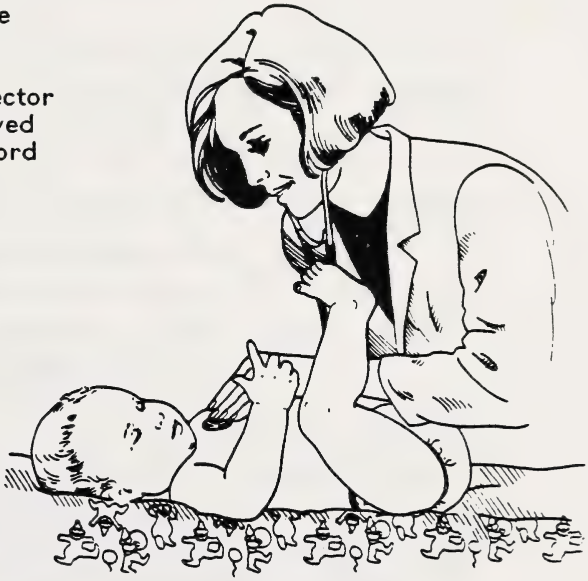

Table 1

IMMUNIZATION SCHEDULE FOR CHILDREN

Your Child's Age	Immunizations He Should Have Received
0 - 6 weeks	None
6 weeks - 4 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first dose Polio vaccine (OPV): first dose
4 - 6 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first and second doses Polio vaccine: first and second doses
6 - 12 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, and third doses Polio vaccine: first and second doses
12 - 18 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, and third doses Polio vaccine: first and second doses Measles, mumps, rubella vaccines: available as a single injection called MMR (one immunization is effective for a lifetime) *
18 months and over **	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, third, and fourth doses Polio vaccine: first, second, and third doses Measles, mumps, rubella vaccines (MMR): one dose Haemophilus influenzae vaccine (Hib): one dose

* Ideally the MMR vaccine should be given immediately after 12 months of age. Children who have received the vaccine on or after their first birthday have a lifelong immunity and do not need to be reimmunized with MMR.

** If your child is older than 12 months and has NOT received immunizations on schedule, he may receive MMR, DPT, and OPV at the same time.

EXAMPLE: If your child is 17 months old, he should have had 3 doses of Diphtheria/Pertussis/Tetanus vaccine, 2 doses of polio vaccine, and the measles/mumps/rubella injection.

2.3 Make PROVISIONS for ALTERNATE CARE.

Sooner or later all children get sick. This causes changes in plans and expectations, and makes life complicated, especially for working parents. The best way to be prepared for these unavoidable sick days is to plan ahead.

Think ahead of time what your choices will be.

- If you work during the day, find out your employer's sick leave policies.
- If it is difficult for you to take time away from work, find an alternate caregiver. This might be a relative, neighbor, friend, or other dependable adult you could call when your child is too sick to be at the day care centre.

3. FOLLOW YOUR DAY CARE CENTRE'S POLICIES WHEN ILLNESS OCCURS.

This tells what YOU should do if your child:

- is EXPOSED to a contagious disease
- develops SYMPTOMS of a contagious disease
- is DIAGNOSED by a physician as having a contagious disease.

3.1 INFORM the director when your child has been EXPOSED to a CONTAGIOUS DISEASE.

This includes the following diseases:

Bacterial meningitis
Chicken pox
Diarrheal diseases
- Shigella
- Campylobacter
- Salmonella
- Giardia

Diphtheria
Hepatitis A
Measles
Mumps
Pertussis (whooping cough)
Pneumonia, epiglottitis, or acute infectious arthritis
Rubella (German measles)

If the Day Care Centre staff know that your child has been exposed to a contagious disease, they can be especially alert about his handwashing and other preventive measures.

In certain cases the Centre may want to take special measures to prevent your child and the others from actually developing the disease. For example, if a child is exposed to Hepatitis A, the Health Unit may suggest that the exposed child and those in close contact with him receive preventive treatment with immune globulin.

3.2 KEEP your CHILD at HOME if HE DEVELOPS SYMPTOMS of a CONTAGIOUS DISEASE.

You may also want to consult a physician.

Table 2

SYMPTOMS OF CONTAGIOUS DISEASES

IF your child develops	THEN keep him at home until
*DIARRHEA (Diarrheal diseases spread very easily among young children. If parents keep children with diarrhea at home, all children will get diarrhea less often.)	- symptoms disappear or - your physician or the health unit decides he can return to the centre without danger to himself or to the other children and staff.
*SEVERE COUGHING - child gets red or blue in the face - child makes high-pitched croupy or whooping sound after he coughs	
*DIFFICULT OR RAPID BREATHING (This is especially important in an infant under 6 months of age.)	
*YELLOWISH SKIN OR EYES (These may be signs of hepatitis.)	
*PINKEYE tears, redness of eyelid lining, irritation followed by swelling and discharge of pus	

SYMPTOMS OF CONTAGIOUS DISEASES

If your child has	And	THEN keep him home until
unusual spots or rashes		
sore throat or trouble swallowing		
infected skin patches crusty, bright yellow, dry or gummy areas of skin	a fever	
unusually dark, tea-colored urine	Fever = 100°F or above (37.8°C) oral thermometer, or 101°F or above (38.3°C) rectal thermometer *	symptoms disappear, or your physician decides he can return to the centre without danger to himself or to the other children and staff.
grey or white stool		
headache and stiff neck		
vomiting		
unusual behavior - child is cranky or less active than usual - child cries more than usual - child feels general discomfort or just seems unwell		
loss of appetite		
severe itching of body or scalp or scratching of scalp		

* Rectal temperatures should never be taken in a day care centre by non-medical people.

Bringing a child with any of these symptoms to the Centre may cause other children to get sick. If ALL parents keep sick children at home, everybody's children will stay healthier. In the end this will mean fewer lost work days and fewer illnesses for parents, too.

3.3 KEEP your CHILD at HOME if he is DIAGNOSED as having a CONTAGIOUS DISEASE.

Some of the diseases on this list are common; others are rare among children who stay in day care or at home. The uncommon infections are included in this list so that information will be available should a case occur in your child's centre.

Table 3

CONTAGIOUS DISEASES

Disease	When a Child Can Safely Return to the Centre
BACTERIAL MENINGITIS	When the Health Unit indicates it is safe
CHICKEN POX	One week after the rash begins, or when all chicken pox are scabbed over
DIARRHEA If you know it is any of the following diarrheal diseases: Shigella Campylobacter Salmonella Giardia	When he no longer has diarrhea When your physician or the Health Unit says it is safe
DIPHTHERIA	When your physician and Health Unit tells you it is safe
HEPATITIS A	1 week after the illness begins
MEASLES	5 days after the rash appears
MUMPS	After swelling subsides (or 9 days after swelling begins)
PERTUSSIS (WHOOPING COUGH)	4 weeks after intense coughing begins, or 5 days after antibiotic treatment begins
PNEUMONIA or epiglottitis or infectious acute arthritis	If NOT due to H-flu, when your physician tells you it is safe If due to H-flu, when the Health Unit indicates it is safe
RUBELLA (GERMAN MEASLES)	5 days after the rash appears

For more information about any of the diseases on this list, see Section II - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE.

3.4 FOLLOW your centre's POLICIES for special DISEASE CONTROL needs.

Your Centre Director will inform you if a case of one of the diseases on the chart on the preceding page occurs in your child's day care centre. You will be asked to:

- CHECK for symptoms of the disease in your child. (Your director will tell you what these symptoms are.)
- Take your child to the doctor if he develops symptoms.
- If he is diagnosed as having the disease, keep him at home until the doctor says it is safe.
- Follow any special preventive measures your day care centre recommends.

This section has told what YOU, the parent of a child in day care, can do to help STOP disease.

The BEST approach to disease prevention is through close cooperation between you, your physician, the Director and the caregivers in your child's day care centre.

We hope this handbook will help you work together to protect the health of your child, other children and staff, and yourselves.

MEDICAL INFORMATION FORM

Name of Child ______________________________

Where parents can be reached during the day ______________________________

____

Physician Name ______________________________

Phone ______________________________

Hospital of choice Name ______________________________

Phone ______________________________

Person to contact in case of emergency if parents cannot be reached when child is sick (could be individual you have chosen as alternative caregiver).

Name ____________________ Phone ____________________

Name ____________________ Phone ____________________

My Child's Medical History

These are special facts the Day Care Centre Director should know about my child's medical history.

Serious diseases my child has had ______________________________

____

Medications my child is taking ______________________________

____

Allergies my child has ______________________________

____

Additional medical information the Day Care Centre should have about my

child ______________________________

____

After you have filled out this form, please detach and return it to your Centre Director, who will keep it in your child's folder. Please attach a copy of your child's immunization record.

SECTION II

WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE

This section tells about diseases that can spread from one person to another. Children in the home or in any other type of child care can get these diseases, but they have MORE chances to pick up disease germs when they spend a long part of each day in a group setting. Knowing about these diseases and how they spread will help you take measures to stop them in your centre. This section tells directors of day care centres what they should DO if diseases occur.

There are FOUR basic kinds of diseases that occur in day care centres. The first three are grouped in this section according to the way they spread.

- Diseases that spread **through the intestinal tract**
- Diseases that spread **through the respiratory system**
- Diseases that spread **by direct contact (touching)**

This sections also tells HOW LONG a disease takes to spread. The time from exposure to a disease till the first signs of illness occur is the INCUBATION PERIOD.

The BEST way you can protect yourself and the children in your centre against these diseases is by carefully following the procedures for good hygiene outlined in this handbook.

There is an ADDITIONAL method of protection for the FOURTH group of diseases: VACCINATION.

- The fourth group, then, consists of **vaccine-preventable diseases.**

4. DISEASES THAT SPREAD THROUGH THE INTESTINAL TRACT

Several diseases that travel easily among young children pass from the intestinal tract of one person to another. When a few of these disease germs enter a person's MOUTH, they pass through the stomach into the INTESTINES and multiply there. Some of these diseases, like certain kinds of diarrhea, affect the intestinal track only. Others, like hepatitis A, cause generalized illness.

Diseases that spread through the intestinal track appear in the stool of anyone who has the infection, WHETHER OR NOT THAT PERSON SEEMS OR FEELS SICK. This is why handwashing after using the toilet or changing diapers is ALWAYS important, not just when there is a known case of illness in your centre.

Disease germs can live outside the body on objects or surfaces for hours or even days. Since you can't see germs without a microscope, an object can LOOK clean even when there are disease-causing germs on it. Just a few germs are enough to spread an infection to another person or to contaminate something that might end up in a child's mouth.

Children who are not yet toilet-trained probably pass on intestinal track infections most easily, but ANYONE who doesn't carefully follow correct hygiene procedures can spread these diseases.

The following are some of the diseases in this group:

4.1 DIARRHEAL DISEASES

What They Are and How They Spread

Diarrhea is actually a SYMPTOM of infection caused by any of several kinds of germs - either bacteria (like Salmonella or Shigella); parasites (like Giardia); or certain types of viruses. A person with very mild diarrhea may spread infection to someone else, perhaps someone who will become very sick.

Incubation period - 1 day to 2 weeks or longer

How You Know

A child with more than one abnormally loose stool has diarrhea. A child with even mild diarrhea MAY have an intestinal infection, even if his parents or grandparents believe his diarrhea was caused by teething or by something he ate.

What to Do

Temporarily exclude the sick child from the centre.

Be especially sure that group separation, handwashing, and cleaning procedures are being followed.

Allow the child to return when the child no longer has diarrhea.

If you know it is caused by Shigella, Campylobacter, Salmonella, or Giardia:

- Contact the Health Unit for advice on testing other ill and well children and staff.
- Allow the child to return when the Health Unit informs you it is safe.

Be sure that parents understand that:

- diarrhea may be contagious
- a child with diarrhea may need to stay home
  If every family keeps sick children at home, there will be fewer infections for all children in the end.
- they (and their physician) should notify the centre if their child has a particular kind of diarrhea germ diagnosed.
  This can help other children and staff, who may be tested for the germ and treated if they have it.

To STOP others from getting the disease:

Careful hygiene is the best safeguard against transmitting diarrhea and other diseases that spread through the intestinal track. Make sure that all staff members ALWAYS follow correct procedures for handwashing and diapering.

4.2 HEPATITIS A

What It Is and How It Spreads

Hepatitis A (infectious hepatitis) is caused by a virus that spreads through the intestinal tract. Very young children infected with the disease may not SEEM sick at all, or they may appear to have a mild illness like "stomach flu." But, especially if they are not yet toilet-trained, they can very easily spread hepatitis A to adults. Adults who have the infection may feel sick for weeks or even months.

It is often a long time (a month or more) between exposure to hepatitis A virus and the onset of symptoms. If a person knows he has been exposed to hepatitis A, a doctor can give him an injection of immune globulin, which may prevent him from actually developing the disease.

How You Know

The most common symptoms of hepatitis A are:

- fatigue, tiredness
- loss of appetite
- yellowish skin and whites of the eyes
- dark brown urine
- light-colored stool.

What To Do

There is no treatment for hepatitis A once you have the infection.

To STOP others from getting the disease:

- Temporarily exclude the sick child from the centre.
- It is ESSENTIAL to notify the Health Unit if hepatitis A occurs in a child or staff member at your centre, or in two or more families of children who attend your centre. The Health Unit will usually recommend immune globulin for staff and children at the centre, if diapered children attend. In some situations, the Health Unit may also recommend immune globulin for family members of younger children.
- Be especially careful about group separation and hygiene procedures.

5. DISEASES THAT SPREAD THROUGH THE RESPIRATORY SYSTEM

The other group of diseases that occurs most frequently in child care groups spreads from the respiratory system of one person to another. Respiratory diseases spread through the air when a person coughs or sneezes, or even speaks or sings. In groups of children respiratory infection may also spread by contact with the saliva or the runny nose of an infected person. This can happen when a hand or an object touches the mouth or nose of an infected child and later touches the mouth, nose, or eye of another child or adult. Or it can happen through kissing or sharing food. Respiratory disease germs can live on cloth, tissues, or other surfaces for hours or even days. Therefore, touching contaminated toys, tissues, handkerchiefs, or other objects can spread these diseases.

People often spread respiratory diseases during the incubation period (that is, before they come down with symptoms). Sometimes a child or an adult can spread one of these diseases even if he never develops symptoms of illness himself.

The following are some of the diseases that spread through the respiratory system.

5.1 BACTERIAL MENINGITIS (spinal meningitis)

What It Is and How It Spreads

Meningitis means inflammation of the membranes that cover the brain. Bacterial meningitis is the most serious meningitis. It is not common, but when it occurs, it can be a disastrous infection, sometimes leading to permanent brain damage or even death.

Two kinds of bacteria:

- H-flu (Haemophilus influenzae)
  and
- meningococcus (Neisseria meningitides)

are the most common causes of bacterial meningitis.

H-flu and meningococcus can also cause other severe infections in young children. These bacteria can spread. Therefore, children (and sometimes adults) who have been exposed to a case of bacterial meningitis have a greater than usual risk of getting the infection. The risk is not tremendous, but you should TAKE IT SERIOUSLY.

How You Know

Symptoms of bacterial meningitis vary, but they become more serious and severe within hours.

In older children EARLY SYMPTOMS may include fever, headache, neck pain or stiffness, vomiting (often without abdominal complaints), and a decrease in activity associated with not feeling well.

LATER, more severe symptoms may include abnormal behavior, decreased consciousness, difficulty in being aroused, and convulsions.

In younger children EARLY SYMPTOMS are less definite. They may involve fever, vomiting, unusual irritability, excessive crying with inability to be comforted, high-pitched crying, poor feeding, and activity levels clearly below normal.

In any child, the diagnosis of meningitis is made by a doctor, usually with the aid of a test called a spinal tap. Treatment requires hospitalization for special care and a closely supervised program of antibiotics.

What to Do

If one case of bacterial meningitis has occurred in your centre:

- Temporarily exclude the sick child from the centre.
- Contact the child's physician
    - Ask what germ caused the meningitis.
- Contact your Health Unit.
    - Tell them about the case of meningitis and the germ that caused it.
    - Ask what actions they recommend to prevent spread of infection.

- Parents of all children in the centre should be informed that:
  - Their child may have been exposed to a serious contagious disease.
  - Their child should see a physician IMMEDIATELY if he develops fever, headache, rashes, spots, unusual behavior or other symptoms of concern.
  - They should be told of any other preventive measures the Health Unit recommends.

To STOP others from getting the disease:

A child's doctor or your local Health Unit may recommend certain antibiotics for exposed children and adults to reduce their risk of getting bacterial meningitis.

Preventive measures are not foolproof.

Even when preventive measures are taken, they may not keep others from developing bacterial meningitis. Therefore, take seriously ANY symptoms in an exposed person, whether or not he has taken antibiotics.

The best way you can respond if a case of bacterial meningitis occurs in your centre is by encouraging close cooperation and support in following preventive procedures among your centre's staff, parents, the children's doctors, and your local Health Unit.

5.2 CHICKENPOX

What It Is and How It Spreads

Chickenpox is a very contagious disease caused by a virus. Someone exposed to a case of chickenpox will almost certainly get it if he hasn't had it before. Having chickenpox once protects you against getting it again. It takes a person about two weeks after exposure (sometimes up to 20 days) to develop a chickenpox rash.

A person who has chickenpox can spread it to others during a time period from two days before the rash develops until the last of the rash has developed crusts and is healing.

Incubation period - 11-21 days

How You Know

Chickenpox usually begins as an itchy rash of small red bumps on the stomach or back before spreading to the face.

What to Do

Occasionally chickenpox can cause a long severe illness, especially in adults. However, there is no treatment for the disease once it has developed.

To STOP others from getting the disease:

- The sick child should be temporarily excluded from the centre. (He can return 1 week after the rash begins, or when all chickenpox are scabbed over.)
- Immediately contact your Health Unit to find out what additional preventive measures should be taken.

Some children may need special preventive treatment if they have been exposed to chickenpox. This includes people who have been treated for leukemia or certain other kinds of cancer, and people taking steroid drugs like cortisone or prednisone.

- **Immediately** notify parents or physicians of
    - any child taking steroid medications, or
    - any child who has ever been treated for cancer or leukemia
    - of any case of chickenpox in your centre. (Chickenpox can be extremely dangerous to these children.)
- Be especially sure that group separation, handwashing and cleaning procedures are being followed.

Parents or physicians should inform your centre of such conditions because chickenpox in children of these special categories can be extremely severe. To be effective, preventive treatment against chickenpox must begin immediately after exposure.

5.3 COLDS AND FLU (Influenza)

What They Are and How They Spread

The most common respiratory infections are caused by viruses which produce colds and flu. These viruses are very contagious. Once a person develops symptoms, he is likely to have already exposed others to this illness.

How You Know

Colds usually cause a stuffy or runny nose, sneezing, and watery eyes, but little fever. Flu is more severe. It often involves sore throat, muscular aches, fever, and chills.

What to Do

Flu shots are not usually recommended for children and staff in day care centres unless they have a chronic respiratory disease. There is no commonly used prescription medication that cures viral respiratory infections. Doctors usually recommend rest and plenty of fluids to treat symptoms.

Young children develop colds frequently. Keeping all children with cold symptoms away from the day care centre would be neither practical nor possible. Be especially careful about hygiene around a child who has cold symptoms.

Watch that child carefully for development of new, more severe symptoms.

Colds can lead to pneumonia, bronchitis, infectious croup, and ear infections, particularly in very young children.

5.4 STREP THROAT (Group A Streptococcus)

What It Is and How It Spreads

Strep throat is a bacterial infection that causes a red and painful throat. It is more common in children but can also affect adults. If not treated, strep throat can lead to RHEUMATIC FEVER, a more serious disease that can damage the heart valves.

Not all sore throats are strep. The only certain way to diagnose strep throat is through a throat culture.

Incubation period - 1-5 days

What to Do

A child with a severe sore throat should be sent home from the centre and seen by a doctor. A child diagnosed with strep throat should have started antibiotics treatment for a least one day before he returns to your centre. The parents and physician of a child with strep throat should inform the centre so that other children with symptoms can be tested and treated if necessary.

6. DISEASES THAT SPREAD BY DIRECT CONTACT (TOUCHING)

Other diseases that can be problems in day care are spread by direct contact. In other words, someone can catch these diseases simply by touching the infected area of another person's body. The most common diseases in this group are HEAD LICE, IMPETIGO, and SCABIES. RABIES is a VERY RARE disease that can result from direct contact with the saliva of an infected animal.

6.1 HEAD LICE

What They Are and How They Spread

Lice are parasites that live on the surface of the body. They are big enough to be seen with a magnifying glass. In children lice affect the HAIR and SCALP and cause severe itching. Lice spread easily by direct contact with the infected person or with personal objects like hats and clothing. A person with lice can spread them until he is successfully treated with medicated shampoos, lotions, or powders.

How You Know

When a person has head lice, you can often see the small lice eggs (nits) on this hair. Sometimes you can also catch a glimpse of a louse crawling through the hair.

What to Do

Temporarily exclude the infected child from the centre until treatment has begun. Getting rid of head lice means treating the infected child and checking the other children in his group.

Special lotions or shampoos get rid of lice in people. (Caution: Because these lotions are very powerful, they should be used ONLY as recommended.)

Vacuum to get rid of lice in the environment. Wash recently worn clothing and bedding an infected person may have used in very hot water (131°F) for twenty minutes to destroy lice and their eggs.

6.2 IMPETIGO

What It Is and How It Spreads

Impetigo is a bacterial skin infection. An infected person can easily spread the infection to other parts of his own body or to other people by getting the disease germs on his hands or clothes.

Incubation period - 5 days

How You Know

Impetigo appears as a flat, yellow, crusty, or weeping patch on the skin.

What to Do

Temporarily exclude the child from your centre until 24 hours after treatment has begun. A child with impetigo should be kept especially clean. The infected areas should be washed with mild soap and water and his clothes, linens, and towels should be changed at least once a day. His hands should be washed frequently. Sometimes a physician may recommend antibiotic ointment or antibiotics taken by mouth for a child with impetigo.

To STOP others from getting the disease:

People in contact with a child who has impetigo should wash THEIR hands frequently and prevent others from using towels and linens used by the child.

6.3 RABIES

What It Is and How It Spreads

Rabies is a viral infection found in the saliva of some mammals. Animals with rabies often behave strangely, losing their natural caution around humans and biting without apparent cause. Rabies is spread mainly through biting. The disease is very rare in humans, but it is always fatal unless preventive treatment is given after exposure.

There are different risks of rabies with different animal species. Rabid bats are found everywhere in the country; skunks, foxes, raccoons, and other animals may carry the virus in other parts of the country. Your Health Unit has information about which animals are dangerous in your area. Captured animals can be tested.

What to Do

Keep children away from bats and other wild animals.

If dogs or cats are kept as pets, they should be kept up to date on rabies shots.

If a bite occurs, wash it IMMEDIATELY with soap and water, unless bleeding is excessive. (Soap kills rabies virus.) CONTACT a physician.

Capture the animal if you can do so safely.

Consult your Health Unit to see if rabies testing or treatment should be given.

NOTE: Animal bites can introduce many bacteria into the body through the animal's saliva. Any deep bite, or bite on the hand, should be evaluated by a physician.

6.4 SCABIES

What It Is and How It Spreads

Scabies is a skin infection caused by a type of body surface parasite, a small mite that burrows into the skin. Scabies can spread by skin-to-skin contact with an infected person. A person with scabies can spread the infection until he is successfully treated.

How You Know

The most common symptom of scabies is severe itching. Because mites cannot be easily seen with the naked eye, to diagnose a doctor needs to do skin scrapings (a painless procedure) and look for mites with the aid of microscope.

What to Do

Temporarily exclude the infected child from the centre until the day after treatment has begun. A child who may have scabies should be seen by a doctor. Getting rid of scabies requires treating the infected person and others who may have had direct contact with his skin. For a child in day care, it may become necessary to treat the other children and caregivers in his group as well as his family members. Treatment involves bathing, applying very strong mite-killing lotions, and washing them off after a specified period of time. Sometimes a second treatment will be needed one week later. Wash all clothes, linens, and towels used by a child during the 48 hours prior to scabies treatment in very hot water, and dry them in a hot dryer.

7. VACCINE-PREVENTABLE DISEASES

So far, this section has told about diseases by the way they spread. There has been information for you about three common routes by which disease germs spread:

- through the intestinal tract
- through the respiratory system
- through direct skin contact.

You've read about the hygiene procedures that can STOP disease germs from traveling along these routes.

For this FOURTH group of diseases, the Vaccine-Preventable Diseases, there is another way to STOP germs from spreading.

Several diseases that used to be terrible problems for children and adults can now be prevented by vaccination. This group includes measles, mumps, rubella, (German measles) polio, diphtheria, tetanus, and whooping cough (pertussis).

Some people think these diseases no longer exist or are no longer problems. THIS IS NOT TRUE. Some cases still occur. The reason these diseases are no longer widespread problems is that people are being IMMUNIZED. If people stopped getting these protective shots for themselves and their children, these diseases would once again become common problems.

Children in general spread disease easily because of their contact with people and their environment. Young children in child care groups are especially likely targets for disease. For this reason, ALL children in day care centres AND the adults who work with them need to have ALL recommended vaccinations. Table 1 in this handbook provides a vaccination schedule for children. (All health units and children's physicians will also have this information.) There is also a chart in CONTAGIOUS DISEASES IN DAY CARE, "A HANDBOOK FOR DAY CARE DIRECTORS AND CAREGIVERS" which tells what vaccinations an ADULT working with young children should have. The day care director should have a copy of this handbook.

Here is some information about specific diseases that can be prevented by vaccination.

7.1 DIPHTHERIA

What It Is and How It Spreads

Diphtheria is now a rare but dangerous disease caused by bacteria that infect the nose and throat.

Incubation period - 2-6 days.

How You Know

A person with diphtheria often has a sore throat and swollen tonsils with a grayish covering. Sometimes the infection leads to severe throat swelling that can block breathing.

The greater danger with diphtheria, however, is that the disease bacteria produces a substance that can permanently damage the heart and nervous system.

What to Do

Temporarily exclude the sick child from the centre. (The child can return when the health unit informs you it is safe.)

Refer any possible case of diphtheria in your centre to a doctor immediately.

To STOP others from getting the disease:

- Immediately contact your Health Unit to find out what preventive measures should be taken.
- All children and staff should be observed for sore throats for seven days.
- Anyone developing a sore throat should see a physician.
- Incompletely immunized children should see the community health nurse or a physician
- Be especially careful about group separation and hygiene.
- Be sure everyone in the centre is immunized.

7.2 MEASLES

What It Is and How It Spreads

Measles is caused by a virus that spreads through the air (and possibly in child groups by contact with saliva). Among people who are not immunized, measles is one of the most easily spread diseases. A person with measles can spread the infection from four days before the rash begins until four days after it appears.

Incubation period - about two weeks.

How You Know

Measles begins with a fever and upper respiratory illness. The fever often goes very high when the rash appears. The red-brown blotchy rash usually starts on the face and spreads down the body.

Most children with measles become quite ill but recover normally. Occasionally, however, measles can lead to pneumonia or inflammation of the brain. Adults and very young children tend to have more severe illness.

What to Do

The sick child should temporarily be excluded from the centre. (He can return 5 days after the rash appears.)

To STOP others from getting the disease:

Be sure children over 12 months of age are all immunized.

If a case of measles occurs in your centre, notify your Health Unit IMMEDIATELY. They can help decide if a special immunization program or other treatment is needed for those in close contact with the infected person. Identify any unimmunized children and caregivers; they should be immunized or excluded from the centre until 2 weeks after the rash appears in the last case of measles in your centre.

7.3 MUMPS

What It Is and How It Spreads

Mumps is another disease that is caused by a very contagious virus. An infected person can spread mumps for a week or more before AND after swelling begins. A person develops mumps about two or three weeks after contact with the virus.

Incubation period - 14-21 days

How You Know

Mumps causes swelling of the glands at the jaw angle and sometimes affects other internal or external glands as well. It is usually accompanied by cold-like symptoms.

What to Do

The sick child should be temporarily excluded from the centre. (He can return after swelling subsides or 9 days after swelling begins.) Notify your Health Unit IMMEDIATELY.

To STOP others from getting the disease:

- Be especially careful about group separation and hygiene.

IMPORTANT: Mumps can be especially serious in men who have not been immunized.

Be sure everyone is immunized against mumps.

7.4 PERTUSSIS (Whooping Cough)

What It Is and How It Spreads

Pertussis is a very contagious bacterial infection of the respiratory tract which was once a common cause of death in young children. The disease begins with a stage that is like a cold; this is the stage when the disease is most contagious to others. It then develops into a severe respiratory disease with repeated attacks of violent coughing.

Incubation period - 1 to 2 weeks

How You Know

Whooping cough gets its name because of the whooping sound the child makes as he tries to draw breath after a coughing spell. Not all children with whooping cough make this sound; very young children may not be strong enough.

What to Do

IMMEDIATELY notify the local Health Unit if a case of pertussis is diagnosed in a child who attends your centre. A child with pertussis should be excluded from the centre. (He can return 4 weeks after intense coughing begins, or 5 days after antibiotic treatment has begun.)

To STOP others from getting the disease:

For 2 weeks, be especially alert for coughs in other children. Children who develop coughs should be sent home until a physician sees them.

Be especially careful about group separation and hygiene procedures.

Be sure all children have received pertussis vaccine unless there is a medical reason for not getting vaccine.

7.5 POLIO

What It Is and How It Spreads

Most people know that as recently as the 1950's polio could spread rapidly through communities and child groups, causing paralysis and even death in some children and adults. Polio is caused by a virus that spreads easily, especially among children. Although immunization has fortunately made it an uncommon disease in Canada polio is still very common in other parts of the world.

What to Do

Continuing immunization is the only way to protect children and their communities from polio.

7.6 RUBELLA (German Measles or Three-Day Measles)

What It Is and How It Spreads

Rubella is also caused by a virus which is very contagious among people who have not been immunized.

IMPORTANT: The only ways to KNOW FOR SURE if someone is immune are:

- proof of immunization
- a blood test to check immunity

A person's belief that he had rubella as a child is not good enough evidence. One might have had a similar illness instead of rubella. In this case he would not be immune.

Incubation period - 14-21 days

How You Know

This virus causes a milder illness than measles, with fever and a red rash. Adults usually have a more severe illness than children. Some children with rubella may NOT develop a noticeable rash or indeed any symptoms.

What To Do

The sick child should be temporarily excluded from the centre.

To STOP others from getting the disease:

Be sure that every child attending your centre is immunized. Just as important, be sure that every woman working in your centre KNOWS that she is immune. Any pregnant staff member should see her physician.

IMMEDIATELY report any suspected case of rubella at your centre to your local health unit. They can help confirm the disease through specific blood tests. They may wish to test caregivers and children and to immunize those who are susceptible right away.

Be especially careful about group separation and hygiene procedures.

7.7 TETANUS

What It Is and How It Spreads

Certain bacteria that live in even very small amounts of soil enter the body through cuts or wounds and produce a substance that affects the nervous system, causing the disease we call tetanus. This disease can cause spasms and even paralysis.

Incubation period - about 10 days

What to Do

Be sure all cuts, scrapes, and puncture wounds are cleaned well with soap and water.

Be sure all adults and children in your centre are up to date in immunization against tetanus.

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